

## ORIGINAL ARTICLES

## Scientific and General

MEDICAL CARE OF MIGRATORY  
AGRICULTURAL WORKERS\*A STORY OF ACCOMPLISHMENT.—PRESIDENTIAL  
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THERE is a story of accomplishment by the California Medical Association that must be told at this time. It must be told because it can clarify so many of the problems which face us at the present, and can help to dispel the fog of doubt and suspicion that arises before the minds of many physicians when coöperation with government agencies is mentioned. And it must be told because it proves that sincerity of purpose, open-mindedness, and mutual trust can overcome seemingly insurmountable obstacles.

Since the days of "Forty-nine" California has been the rainbow at whose end there have always been seekers for the "pot of gold." While from afar it held promise of great riches, it usually gave instead a good living as a reward for reasonable effort expended. As in the pioneer days, so in nineteen thirty-seven and thirty-eight, it beckoned to the farmers of some of the middle Western and Southern States. Many had lost their farms because of drought, dust storms, and impoverishment of soil. Their land was dead! To them came tales of a land of plenty where work was abundant and where they could begin again, and, living near the soil they loved, build to security.

These people came singly, in small groups, and in caravans. They came unprepared to meet the physical, financial and medical problems that would face them. During the year of the greatest migration, over two hundred thousand persons arrived in the agricultural valleys of our State.

It was inevitable that the farming industry would be unable to absorb this horde of homeless wanderers. They were without funds, had very little food, and had poor clothing. They lived in unsanitary and poorly constructed camps which bred disease. When sickness struck, and only in grave emergencies, their only help came from county hospitals and from local physicians who had not the heart to turn them away.

These needy people were citizens of other States, they were not the legal responsibility of the State of California, nor of the county in which they found themselves; so they naturally and properly became the charges of the United States Government. In order to meet this responsibility, the Congress made funds available

through the Farm Security Administration which immediately directed its efforts toward the relief of the distressed.

## HOW MEDICAL CARE WAS SECURED

It was very simple to provide camps, food and clothing, because these depended upon materials that could be purchased in the open market; but the provision of medical care presented an entirely different problem. Those in authority turned to the United States Public Health Service for help, and help came in the person of a doctor who was loaned to the Farm Security Administration and became its medical adviser. The doctor had three possible means of meeting the problem; first (and if we could agree with those who believe that the Public Health Service wants to control the practice of medicine) the logical one, was to supply medical care through the use of the personnel of the service itself; second, contract or other salaried surgeons could be employed to serve in camps and to follow the migration in mobile units; and third, to use facilities already existing in each community. The doctor, being charged with a big medical and social responsibility, naturally turned to the medical profession for help and presented the problem to the Council of our Association.

The committee, which was appointed to study the problem as an advisory group, recommended the plan which was accepted and has been in use ever since. It was not planned by agents of the government and then presented to the doctors as the procedure that must be followed; it was planned by doctors of the California Medical Association and laymen representing the government. Before it was accepted, a meeting was called in San Francisco at the expense of the California Medical Association. Representatives of the medical societies from all the counties in which the service was expected to operate were invited to attend and plans were placed before them for their criticism and suggestions. After a day long discussion, agreement was reached and tentative approval was given. The completed program was then presented to the Council of the California Medical Association, and following approval by that body, organization of the Agricultural Workers' Health and Medical Association was begun. After work began in California the Association was asked to help meet the Arizona problem. Here again the entire plan was presented to the Arizona Medical Association, and after approval operations were extended to meet the problem in that State.

AGRICULTURAL WORKERS' HEALTH AND  
MEDICAL ASSOCIATION

The organization is a corporation set up under California law for the purpose of rendering medical care to bona fide migratory farm workers to whom medical care is not otherwise available. Funds are obtained from the Federal government through annual budgets approved by the Congress; and their expenditure is under the com-

\* Address of Retiring President. Read before the First General Meeting at the seventy-third annual session of the California Medical Association, Los Angeles, May 7-8, 1944.

plete control of the board of directors, but must naturally be accounted for.

The board of directors of the Agricultural Workers' Health and Medical Association originally consisted of five members of the staff of the Farm Security Administration and four professional members. Of the professional members, three were physicians, representing the California Medical Association, the California State Board of Health, and the California Relief Administration respectively. The fourth professional member was a dentist representing the Dental Associations. Later the board was reorganized so that there are now four professional members, one of whom was chosen by the Arizona Medical Association to replace the one formerly representing the Relief Administration; and there are three from government agencies, one left over from the Farm Security Administration and two from the War Food Administration.

#### FREE CHOICE OF PHYSICIANS AND HOSPITALS

The constitution of the Agricultural Workers' Health and Medical Association provides that there shall be a free choice of physicians and hospitals. All Doctors of Medicine who hold an unrevoked license to practice in California or Arizona, and who are eligible to membership in their respective State Medical Associations, may participate. Beneficiary members must be nonresidents of California who are actually engaged in farm work and who are financially unable to pay for medical care. This is determined by investigation of all cases except in that of the Mexican nationals who have been transported by our Federal government under an agreement between the state departments of both nations.

#### PLAN OF OPERATION

In the earlier phases of the operation of the service, each patient who was eligible for care applied directly to the physician, but it was soon found that abuses would quickly ruin the plan. There were some abuses by doctors, but the great number originating with patients made it necessary to have authorization for all but first visits and true emergency operations. A few medical social workers were tried at first, but they were soon so diligent in behalf of their "clients" that this plan was abandoned. The final result was the adoption of the plan used at the present time.

The medical problems are under the supervision of a medical director who is assisted by part time medical directors or advisers in both California and Arizona. They review bills and give authorization for operations other than emergencies, and in many cases call consultants from among local physicians. Where disciplinary action toward a doctor seems necessary, action is only taken after consultation with and upon the advice of a committee of the local county medical society.

The services of physicians are paid for upon the basis of "fee for service." A fee schedule was

adopted at the organization meeting with the representatives of the county societies after lengthy discussion and debate. This schedule is naturally lower than the normal rate because it is distinctly understood that this group belongs in the indigent class for the care of which the doctor had never received compensation before, and which had always been a burden on the counties.

Hospitalization is furnished in approved hospitals. County hospitals are never used unless there is none other available or in cases of emergency when it would jeopardize the patient to move to another. Payment is made on the basis of ward rates, and charges for laboratory work are allowed.

#### CLINIC ACTIVITIES

Suggestions for improvement of the service have come from time to time, and one of the most important has been the establishment of clinics. In the original planning such a procedure was discussed but dismissed as being a factor against the principle of free choice of physician. As the volume of work increased, the physicians soon found that most of the patients had minor complaints which did not need the special work-up that a really sick patient required and could well be taken care of in a few moments at a clinic. The first suggestion for this change came from the doctors in Phoenix who made a request that they be permitted to set up such a service. The men who cared to participate were rotated according to days and hours. Minor conditions were taken care of quickly, but the patients who evidently had a more serious problem were referred to the physician of their choice. This worked so well that demands for extension came from other areas and the principle became generally accepted.

#### DISCUSSION

The Agricultural Workers' Health and Medical Association has been in operation now for over six years and has been eminently successful. It has accomplished the purpose of giving relief to a group that was sorely in need of medical care. As a matter of fact, it gave a type of care that was entirely new to this group and was far better than anything they had ever known. In addition to this it also protected the health of the citizens of the localities served because to a large degree it controlled the spread of epidemics which before had followed the migrating worker. In the year before operations began in Arizona, one epidemic of typhoid fever moved from Eloy through Casa Grande to Yuma in Arizona, and from there up through the Imperial Valley to Indio before it was stopped.

The benefit to the doctor was twofold. It provided for his patients hospitalization and necessary laboratory work which had formerly been unavailable, and thereby allowed him to practice a better type of medicine, and, for the first time, he received compensation for his services. The average yearly collections of all the doctors who

participate is small, but in certain areas where thousands of migrants were the majority of the population, the income in several cases reached over ten thousand dollars annually. This became a problem for a time because it seemed unreasonable to some people in Washington that a doctor should receive as much for his work as does a congressman. The Board of Directors, however, ruled that the payment was fair, because it represented services rendered under a low fee schedule, and that a large group of workers had been served.

When the war came, and the medical profession was called upon to furnish men for military service to the extent that the supply in rural areas was seriously depleted, a sound plan which could take care of large numbers of people was in operation. It became more important than ever, with the diversion of men and women to the work in defense plants, that those who remained in agriculture should be kept there and kept in good health.

When the shortage of farm workers became so acute that food production was endangered, the United States Department of State made an arrangement whereby the Government of Mexico permitted thousands of its nationals to come and work in the harvests. One of the stipulations was that all such workers would receive the same type of medical care that the same class of worker received in the United States, and this responsibility was turned over to the Agricultural Workers' Health and Medical Association.

#### ON COÖPERATION WITH THE GOVERNMENT

So far this story has been one of health services conducted by use of government funds through private practitioners of medicine under the sponsorship of the medical associations. Now, however, we come to a phase of the work of the California Medical Association which has had a far-reaching effect, and which shows how much can be done when we have shown an unselfish spirit of coöperation, even if we have insisted that our fundamental principles of good medical practice must be maintained.

On the night of President Molony's dinner at the annual convention last year, word was brought to one of the officers of the California Medical Association that the director of the Farm Security Administration was in the hotel and asked for a conference. At that meeting he told that the Farm Security Administration was very unpopular with Congress, and that many of its activities would be discontinued, among these was the proposal to discontinue granting funds for medical care. When asked if the Medical Association could be of help, he said that he did not know if it would do any good; but it would do no harm if the Council made an effort to save this service.

At the breakfast session of the Council the following morning, the matter was discussed and the proper resolutions were passed. All of the California Congressmen and both of our Senators

were then approached in a diplomatic manner and asked to save the health services for the farm worker. The subject was approached entirely from a community standpoint in defense of the lowest income group. Our members of the Congress responded without question; and when the curtailing of the functions of the Farm Security Administration were completed, the funds for Agricultural Workers' Health and Medical Association were continued. Instead of coming through the budget of the former agency, they now come through the War Food Administration.

In its desire to economize, the Congress cut the funds, which would be available, so low that it practically meant abandonment of the service unless it could be restored. And without sufficient knowledge of the problem in California, eligibility rules were set up which would have made it impossible for any worker, except those who had been transported by a federal agency or had been employed through one, to receive medical care. It meant, in fact, that those workers who had initiative to secure employment through their own efforts would be denied medical care.

#### SUPPORT GIVEN BY CALIFORNIA CONGRESSMEN

When word of this came to the Council, it took action again and instructed the association secretary to follow through and bring the facts before our representatives in Congress. This was done at once. Again it was an unselfish move to protect the health of workers and to keep up food production for the war effort. The secretary was notified of certain undesirable features in a bill which had been introduced in the House, and again made contact with our representatives.

The senior senator of California came to our aid and introduced a satisfactory bill in the Senate. Some days before the vote was to be taken, we received a request from representatives of several farm groups for a conference. Representatives of the Medical Association had had several conferences with these same groups in the past when compulsory health insurance was before the legislature, and in these conferences it seemed that our objectives were too far apart for any hope of coöperation. As a matter of fact, there was little friendship lost between them.

#### COÖPERATION WITH FARM GROUPS

Representatives of our Association met with these group representatives and with the President of the California State Chamber of Commerce. Word had come from Washington to the effect that the California Medical Association was fighting measures in the farm program that the farm groups wanted, and they wanted to know why. When the reasons were given by both sides, and when the whole story was told, it became evident that there had been misunderstanding and that some of the information received had been incorrect. The conference ended in a complete understanding and with mutual respect and friendship. Now we were agreed, and together our arguments were convincing enough so

that the Senate bill was accepted, the funds were restored and proper rules for eligibility were allowed. The plan continued to serve the worker, and the Medical Association has made friends.

#### IN CONCLUSION

For years we have been warned, and rightfully so, that the government will attempt to step in to control the distribution of medical care. The practice of the past will soon be with the memories of the horse and buggy doctor. Just what it will be, will depend upon the medical profession and upon organized medicine, as much as upon any other factor. We do not like the Wagner Bill; we do not like any bill that has been or will be introduced, which denies the public and the doctor those fundamental principles which have been written into the Agricultural Workers' Health and Medical Association program; and we do not like compulsion.

With our friendly contacts with national legislators we have learned a number of valuable lessons. We have learned above all else that to oppose progress is fatal; we have learned that if we come with an open mind we can find respect and consideration. When all agencies work together sincerely and honestly to accomplish an unselfish purpose, there is real hope for progress. In this regard, the California Medical Association has made real progress during the past years. The work has just begun; we cannot stand apart; we must be an active factor in the forces that will shape our destiny.

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### PUBLIC OPINION CONCERNING MEDICAL PRACTICE\*

AN INTERPRETATIVE REPORT ON A CALIFORNIA  
SURVEY

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THIS interpretative report contains the considered opinion of a 24-man board of public opinion specialists.

We could spend the next several days discussing the implications inherent in the public opinion survey which you have just received. It exhaustively covers many subjects vital to the profession.

But it would be a waste of time to do this, since by reading and studying, you yourselves can determine wherein many of your practices have been weak, perhaps ill advised. You can evolve your own solutions. You can use the

facts as developed by the Survey as an incontrovertible guide to future policy and future action.

This Survey is accurate to within a very small degree of error, plus or minus. By taking 7,000,000 as the population of this state, you can very quickly figure the opinion of citizens by applying against that total the percentage in question. By using the tables in the Survey, you can determine opinion:

Within your own districts.

By sex.

By age.

By occupation.

By city size.

By income classes.

By those over and under 3,000 dollars.

By length of residence—in some instances.

In running down important opinion, you will discover valuable tables of cross tabulations on many subjects. For example, there are seventeen tables covering the subject: Why citizens think we should have federal or socialized medicine. There are cross tabulations in addition which show how these people react to the several medical plans available which are of inestimable value in plotting your future course.

Instead of skipping lightly over many subjects, we have chosen today to confine ourselves to the one major issue: Federal Medicine.

We want to direct your full attention to it.

We want to show you what you *must* do to meet this threat. We do not delude ourselves that you will like our recommendations. We give them as you would give a prescription to a patient, i.e., with the hope that it will be accepted as a considered judgment of an expert; with a prayer that instructions will be followed; and with the knowledge that if they are, relief may be expected logically to follow.

One of the heart-warming elements of the Survey is the high opinion in which most citizens hold the profession of medicine. It is because of this high opinion that we can say without fear of contradiction that the profession, as such, has no desperate public relations problem.

This high opinion occurs again and again throughout the Survey. Here are just two examples: 80% of the citizens would advise young men to study for medicine. This is an amazing index of approval. It means that 5,600,000 of the 7,000,000 citizens in the state approve the profession as a career for promising young men. Again, 88% think the majority of doctors are doing a good job for the public. This is another index—the approval of 6,160,000 citizens among the 7,000,000 in the state.

But, despite this high opinion for the profession, only 34% of our citizens are against federal medicine. In other words, only 34% would retain the system by which they now obtain the services of this profession which they so greatly admire. When handed a card on which the four different systems were briefly explained:

\*The article here printed is an interpretative report made to the C.M.A. Council on January 23, 1944, by Mr. John R. Little. The survey, authorized by the Council of the California Medical Association, was made in November, 1943, by the firm of Foote, Cone and Belding, successors to the Lord and Thomas agency. The survey received mention in the minutes of the following Council meetings: 313th meeting (C. and W. M., November, 1943, Item 5 on page 273; C. and W. M., March, 1944, Item 5 on page 102; C. and W. M., April, 1944, Item 10 on page 214). The mimeographed report contained 232 pages, with detailed information and tabulations.